

## Article

# Breast Cancer Meanings [Book Review]

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## **Breast Cancer Meanings (Review)**

Reviewed by: [Lara Momesso](#)

[Breast Cancer Meanings: Journeys Across Asia](#)

### **Reviewed item:**

Cynthia Chou and Miriam Kokvedgaard Zeitzen (eds). 2018.

*Breast Cancer Meanings: Journeys across Asia*

Copenhagen: NIAS Press

ISBN 9788776942427

On a hot summer afternoon in the outskirts of Taichung City, Taiwan, I had a chat with Mrs Lin, a woman from the People's Republic of China (PRC) who migrated to Taiwan for marriage at the end of the 1990s, and a breast cancer survivor: 'In the evening, when my son was sleeping, I took the scooter and went to the seafront. Why did I go there? You know, if you look at the map of Taiwan, I believe that this point of Taichung, Taichung beach, is the closest point to the mainland. So I went there, and I thought that I couldn't forget where my natal home is, where my mum's home is. And at that very moment, I felt like I was one of those small boats, moving without a direction, without seeing the coast, moving on its own, relying only on itself.' This is how Mrs Lin recollected the day she was diagnosed with breast cancer. In a foreign place where she did not have close friends or relatives, she felt lost and lonely, unable to make any decisions, and she found comfort thinking of her natal home. The experience of Mrs Lin is not unique in a region of the world where the incidence of breast cancer has increased dramatically in the last 20 years. More and more Asian governments have been facing the challenge of dealing with this emerging problem. *Breast Cancer Meanings: Journeys across Asia* is a timely project that takes the first step towards exploring how breast cancer is understood and experienced in different Asian social and cultural contexts.

The point of departure of this book is that breast cancer cannot be understood solely as a medical issue: instead, it should be addressed as a personal, family, social and cultural phenomenon. Hence, the contributions to this book integrate biological and medical information with qualitative ethnographic data obtained from the lived experiences and narratives of those who have been directly or indirectly affected by this disease.

The assumption underpinning this holistic approach is that illness is a socially constructed process. Hence, if we want to achieve an in-depth understanding of how cancer is managed in different social and cultural contexts, it is necessary to uncover and understand the interpretive processes that lead to the recognition and interpretations of the symptoms, and, eventually, to the subsequent management of the new condition. For instance, in Asia there are countries in which breast cancer treatment is free, yet they still report a high mortality due to delay in reporting the symptoms. In these cases, other aspects, such as superstition, religion,

work and family obligations, marriage, spousal expectations, stigmatisation, fear, shame, language, or education, may have an impact in the way cancer is managed.

Considering the ethnic, social, and cultural heterogeneity across Asia, as well as the different degrees of economic development within the region, the picture we receive throughout the book is full of contrasts. Practical concerns, such as the distance to the closest hospital, the availability of doctors, or care costs, are explored in light of other concerns that are culture-specific. For instance, Cynthia Chou, in her chapter 'Understanding "no pain" and "pain". Breast cancer in China', suggests that the *perception* of an illness, in the difference between 'pain' and 'no pain', rather than the objective symptoms of pain or no pain, is the prerequisite for illness behaviour amongst Chinese women (Chapter Five). Also, in the chapter by Benedikte Moeller Kristensen, 'Carefree nomads and poisoned breasts. Challenges in fighting breast cancer in Mongolia', we discover that superstitions may play an important role in a delayed presentation to surgeons, for instance when a lump in the breast may be confused with what Mongolian society regard as *gor'doh* (particular kinds of failed expectations). Hence, by reading across the various chapters, we are introduced to a plethora of concepts that do not necessarily match correspond to the medical language used to describe breast cancer symptoms and diagnosis in the Western world, yet are important to understand women's decision making process in Turkey, China, Singapore, Thailand, Burma, Malaysia, Iran, and Mongolia.

The ambitious aim of this book is successfully achieved: by giving voice to different individuals in Asia who have experienced breast cancer either directly (breast cancer survivors) or indirectly (family members, doctors, social workers, friends), a complex picture emerges. Yet, this is just a first step towards a coordinated and collective understanding of breast cancer in Asia, and more can be done to understand this unexplored phenomenon.

In the hope of seeing new developments in this area, I am sharing a few constructive critiques to this book that may eventually work as a starting point to develop new projects.

A first question that came to my mind, while reading this book, is: why have South Asian societies been left completely uncovered? Aware of the difficulty of including all Asian countries, the authors should have provided a working concept of Asia in order to justify and explain editors' choices to include certain countries and exclude others.

Another point is related to changing societies in Asia, as a consequence of cross-border migration. Considering the fact that Asia has been experiencing unprecedented human mobility, and in light of the fact that women migrants in this region comprise nearly half (48 per cent) of overall migrants,<sup>[1]</sup> it may be important to consider migration also as an important variable and category of analysis in breast cancer management. As Mrs Lin explained to me the day I met her, a migrant's experience of breast cancer may be different from that of local women, who are surrounded by family and friends, speak the language, know how the health system works and have access to it. The condition of being a migrant may add new layers of complexity, for instance when a migrant does not speak the local language, or when she is not entitled to medical treatment as a consequence of her status. The wellbeing of migrants is a rather unconsidered feature in the literature, yet it deserves closer attention, especially in light of the extensive presence of migrants in contemporary societies.

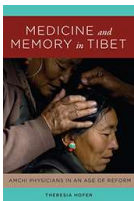
Despite these remarks, which hopefully will work as insights informing future works, I enjoyed reading this theoretically compelling and ethnographically rich book. I strongly recommend it to academics and professionals alike. The former may be inspired by the theoretical and methodological discussion, whereas the latter may find important insights and analysis for their everyday practice. Furthermore, thanks to its straightforward style, this book could be easily read by students, for instance within medical studies and anthropology as well as those who specialise in Asian societies. Considering the accurate and sensitive way in which each single author dealt with this theme, I would also suggest this book to those who are affected directly or indirectly by breast cancer.

I would like to conclude by focusing on a fascinating feature of this book, as it is part of a broader project named 'The long ride for breast cancer: From Singapore to Sweden'. In 2014, two breast cancer surgeons from the National University Hospital in Singapore, Philip Iau and Michael Hartmann, embarked on a motorbike journey from Singapore to Sweden, and stopped in different cities on the way, to exchange information with colleagues, patients and cancer survivors. When I read about this journey, I immediately

recollected Mrs Lin's account: as soon as she recovered, she decided to undertake a bicycle tour of Taiwan with her son, covering more than 1,000 km. Inspired by this experience, she decided, a few years later, to do a new bicycle tour, back in her hometown in China. Her aim was to raise awareness about breast cancer and bring hope to other 'sisters': 'My yesterday is your today, your tomorrow will be her today. I know it's hard, but we need to face it. You know the important thing is not to make her suffer, to think that she has no future.' Empowered by her experience as a breast-cancer survivor, she decided it was time to act beyond her personal sphere and affect society not only by passing hope to other sisters but also by raising awareness about this issue. And to achieve her objective, she decided to push her limits beyond her usual comfort zone. I am sure that, if she knew about Iau and Hartmann's endeavour, she would have joined them.

[i] United Nations, *International Migration Report 2013*, United Nations, Department of Economic and Social Affairs, 2013, <https://www.un.org/en/development/desa/population/publications/migration...>, accessed 20 August 2018.

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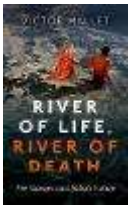
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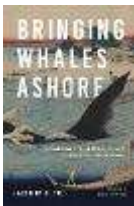
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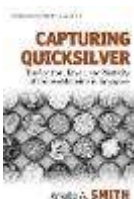
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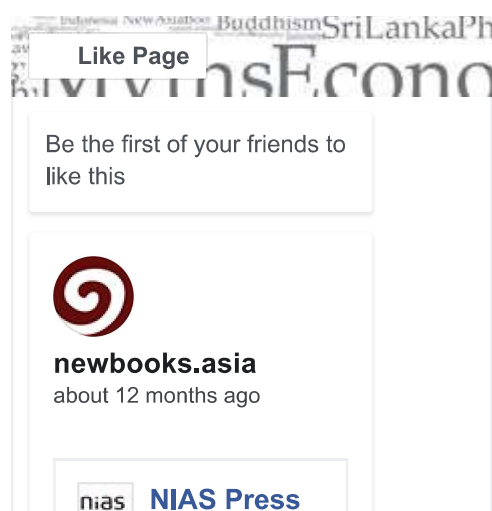
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